

Auckland Ladies Benevolent Fund Application Form

Please tick each box as you complete the form.

Person applying for support: _____

Name: _____

Address: _____

Phone: _____

Relationship with The Selwyn Foundation Resident
Day Service Client
Selwyn Centre Guest

Person making the application on behalf of the applicant _____

Name: _____

Address: _____

Phone: _____

Relationship to applicant: _____

Reason for application: _____

Please continue on a separate page if you require more space.

Continued on overleaf

Financial Details:

We ask you to disclose the following information that is needed when considering your application. Please attach financial receipts e.g. bank statements, WINZ documentation to this application. Other? Please list:

Assets as at: _____ -(date)

Savings (list Bank Accounts)	Amount	
	\$	
Investments: (Details)		
Other		
TOTAL ASSETS		

Income

National Super		
Other Income		
Accommodation Supplement		
TOTAL INCOME		

Monthly Expenditure

Rent		
Living		
Time Payment		
Insurances		
Telephone		
Power		
Herald		
Other		
TOTAL EXPENDITURE		
DEFICIT		

Application continued 

Quotes for goods or service to be provided

The Selwyn Foundation requires at least one quote for the goods or service you require. Please attach the quote(s) to your application form in appendix.

Summary:

Before you send this application please check you have included the following:

1. The name of the applicant
2. Name of person making application on your behalf (if applicable)
3. Reason for application
4. Financial information
5. Supporting documentation
6. Quotes for goods or service to be provided
7. Signed application and date of signature

I declare the above information is a true and accurate account:

Signed: _____ Date: _____

Name: _____

Attach any supporting documents to this application and send to:

The Selwyn Institute for Ageing and Spirituality
Group Office, P.O. Box 8203, Symonds St, Auckland 1150

To request an application form or to send your application by email, please contact alicew@selwyncare.org.nz

For further enquiries about the Auckland Ladies Benevolent Fund please contact:

Heather Whineray
Community Programmes Manager
Group Office, P.O. Box 8203, Symonds St, Auckland 1150
heatherwh@selwyncare.org.nz or phone: 09 849 9202

FOR OFFICE USE ONLY

Date Received: _____

Comment: _____

Approved/Declined: _____

Amount: _____ Date: _____

Signature (1) _____ Signature (2) _____

GM approval: _____ Date: _____